



P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81

IL532-0610

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

LEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address USEPA Regent 77 West Jackson St Chicago IL 60604		Location If Different South Landfill site St. Clair County, IL		A. Illinois Manifest Document Number IL 6586135 FEE PAID IF APPLICABLE		
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 212-263-2288		B. Illinois Generator's ID		C. Illinois Transporter's ID 1461		
5. Transporter 1 Company Name Dart Trucking Co, Inc.		6. US EPA ID Number 10HDD009865825		D. (900) 541-2006 Transporter's Phone		
7. Transporter 2 Company Name		8. US EPA ID Number		E. Illinois Transporter's ID		
9. Designated Facility Name and Site Address Embassy of Idaho 101 N. Main St Muskogee Rd Grand View ID		10. US EPA ID Number 1IDD073114684		G. Illinois Facility's ID H. Facility's Phone (800) 274-15K		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. R.Q. Polychlorinated Biphenyls, UN2315, PGTT ERG#31		001 CM 99922T				EPA HW Number XX Authorization Number
b.						EPA HW Number XX Authorization Number
c.						EPA HW Number XX Authorization Number
d.						EPA HW Number XX Authorization Number
J. Additional Description for Materials Listed Above 9) out of service 2-2-95 ESAUV nearly full in connectors		K. Handling Codes for Wastes Listed Above In Item #14 G = Gallons Y = Cubic Yards				
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway & RAIL If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Samuel F. Barries USEPA OSC		Signature Samuel F. Barries		Date Month Day Year 03/29/95		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Allen R. Hilliard		Date Month Day Year 03/29/95		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature Donald Green		Date Month Day Year 03/29/95		
19. Discrepancy Indication Space #7 UNION PACIFIC RAIL ROAD Ila. 9 WSID 17271001 >500 PPM SPILL-NO #8 NED 001792910 #1-Pg 1 of 2 all OK per Mark Douglas 4-18-95		9. EnviroSafe Services of Idaho, Inc, missile, 83624 MS 13. 19,758 14. K				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19		Signature Amber Sloan for ESTE		Date Month Day Year 04/18/95		

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part 1 should be used.

INSTRUCTIONS TO GENERATORS (Please type)

1. Enter generator's USEPA twelve digit identification number and the unique five digit document number assigned to this Manifest (eg. 00001) by the generator.
2. Enter total number of pages comprising this Manifest.
3. Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
- B. Enter the generator's Illinois EPA ten digit identification number.
- 5,6,C,D. For the first transporter who will transport the waste, enter the company name, US EPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
- 7,8,E,F. If applicable, enter the information requested for the second transporter who will transport the waste.
- 9,10,G,H. For the facility designated to receive the waste, enter company name, address, US EPA ID number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT."
12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container:

CM = Metal boxes or roll-offs	DM = Metal drums
CW = Wooden boxes	DW = Wooden drums
CF = Fiberboard or plastic bags	DF = Fiberboard or plastic drums
BA = Burlap, cloth, paper or plastic bags	CY = Cylinders
DT = Dump trucks	TT = Tank trucks
TC = Tank cars	TP = Tanks portable
13. Enter the total quantity (gallons or cubic yards) of each waste.
14. Enter G if quantity is in gallons or Y if quantity is in cubic yards. No other unit is to be used. To track weight if desired, enter pounds, tons or kilograms in Section J.
- I. Enter the EPA 4 digit Hazardous Waste Number: if waste is a mixture of listed and characteristic wastes, the listed waste must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out of Illinois).
- J,K. If needed, enter additional description or information/instructions for the material listed in item 11.
15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments destined for treatment storage, or disposal outside the jurisdiction of the United States in this space.
16. The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6 AND MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT

INSTRUCTIONS TO TRANSPORTER: 17,18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. UPON DELIVERY OF WASTE TO FACILITY, retain copy 4 and leave remaining copies with the facility owner/operator.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
20. Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste by signing and entering the date of receipt.

Retain copy 3, send copy 1 to the generator, and send copy 2 to Illinois EPA (within 30 days of the delivery).-

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U. S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20480; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No.		Manifest Document No.		22. Page		Information in the shaded areas is not required by Federal law.	
		ILD 000605790		018		20/2			
23. Generator's Name USEPA Region I 77 W JACKSON HSE-5J CHICAGO, IL 60604		L. State Manifest Document Number							
		M. State Generator's ID							
24. Transporter <u>3</u> Company Name DART TRUCKING CO, INC		25. US EPA ID Number 10HD009865825		26. Transporter Company Name		27. US EPA ID Number		N. State Transporter's ID	
								O. Transporter's Phone	
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		29. Containers		30. Total Quantity		31. Unit Wt/Vol		R. Waste No.	
a. <input type="checkbox"/> HM		No.		Type					
b. <input type="checkbox"/>									
c. <input type="checkbox"/>									
d. <input type="checkbox"/>									
e. <input type="checkbox"/>									
f. <input type="checkbox"/>									
g. <input type="checkbox"/>									
h. <input type="checkbox"/>									
i. <input type="checkbox"/>									
S. Additional Descriptions for Materials Listed Above						T. Handling Codes for Wastes Listed Above			
32. Special Handling Instructions and Additional Information									
33. Transporter Acknowledgement of Receipt of Materials								Date	
Printed/Typed Name MARTIN CRTIZ				Signature <i>Mad Ortiz</i>				Month Day Year 04 18 95	
34. Transporter Acknowledgement of Receipt of Materials								Date	
Printed/Typed Name				Signature				Month Day Year	
35. Discrepancy Indication Space									



ENVIROSAFE SERVICES OF IDAHO, INC.
P.O. BOX 16217
BOISE, IDAHO 83715-6217
EPA ID: IDD073114654

04/19/95

USEPA/SAUGET LANDFILL
ST. CLAIR COUNTY

SAUGET IL

CERTIFICATE OF DISPOSAL

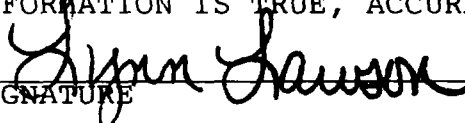
THE FOLLOWING WASTE RECEIVED ON UNIFORM HAZARDOUS WASTE MANIFEST NO.
018 / IL6586135 WAS DISPOSED BY LANDFILLING IN AN APPROVED
TSCA LANDFILL BY ENVIROSAFE SERVICES OF IDAHO, INC., EPA ID# IDD073114654,
ON THE FOLLOWING DATES:

MATERIAL	DATE DISPOSED	MANIFEST ITEM
1 PCB BULK SOLID-REGULAR	04/18/95	001

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR MAKING OR SUBMISSION OF
FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS [18 U.S.C. 1001 AND
15 U.S.C 2615], I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING
THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. AS TO THE IDENTIFIED
SECTION(S) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND
ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY
RESPONSIBILITY FOR THE PERSONS WHO, ACTING UNDER MY DIRECT INSTRUCTIONS,
MADE THE VERIFICATION THAT THIS INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME: LYNN LAWSON

SIGNATURE



TITLE: RECEIVING SUPERVISOR

REFERENCE NO: 95108004

BROKER: RIEDEL/SMITH ENVIRONMENTAL SERVICES